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WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

**Principal School Medical
Officer**

THE YEAR 1954



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STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer—John A. Guy, M.D., D.P.H.

School Medical Officer—F. M. Taylor, M.R.C.S., L.R.C.P.

Principal School Dental Officer—J. Irvine, L.D.S.

School Dental Officers—

A. S. Carter, M.R.C.S., L.R.C.P., L.D.S.

A. L. Hutton, L.D.S. (Resigned 28-2-54).

A. Parkin, B.D.S. (Commenced 6-9-54).

Orthopaedic Nurse—Mrs. D. Williams, S.R.N.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—

W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—Dr. J. Munro Campbell, Consultant Chest Physician, Meathop Sanatorium.

Dr. W. Hugh Morton, Consultant Chest Physician, Chest Centre, Carlisle.

Consulting Psychiatrist Dr. R. C. Cunningham, Medical Superintendent, Royal Albert Hospital, Lancaster.

Speech Therapy—Margaret Gaunt. (Ceased 15-9-54).

Hazel J. Smith, L.C.S.T. (Commenced 14-9-54).

COUNTY HALL, KENDAL,

To the Chairman and Members of the Education Committee.

ANNUAL REPORT, 1954.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the working of the School Health Service for the year 1954.

This report follows the pattern set by the previous reports for the past few years in that there has been no departure of any moment from the routine. The general nutrition and wellbeing of the school children has been maintained.

Medical Staff remains constant with one Medical Officer, one Assistant Medical Officer and General Practitioners giving part-time assistance. Unfortunately, the Dental Staff was depleted by one Assistant Dental Officer for a large part of the year.

The prevalence of Infectious Disease has shown no departure from normal. It is too soon to be in a position to assess the value of the Campaign against Whooping Cough. This is a point, however, that will be borne in mind in future years. The County has remained free from outbreaks of diphtheria.

Mr. Irvine, the Principal School Dental Officer, has noted in his report that there is an increase in dental decay and he remarks that it is evident that with the end of sweet-rationing and the return of white bread, the increase is likely to continue. This increase of dental caries has also been noticed in other places than Westmorland. Mr. Irvine remarks that the lack of knowledge on proper methods of tooth-brushing is still widespread. He is of the opinion that many children fail to make a proper masticatory effort, which is to be expected with the large proportion of prepared foods which nowadays finds a place in our diet. Mr. Irvine feels that there is a great deal to be said for the eating of natural raw fresh food and a reduction in carbohydrates to the acceptable minimum of the diet.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

JOHN A. GUY,

Principal School Medical Officer.

Milk in Schools Scheme

Although it was found possible to arrange for all schools to be supplied with milk under this scheme the position cannot be regarded as entirely satisfactory until all supplies are delivered in one-third pint bottles, and all milk is derived from Tuberculin Tested herds, or has been pasteurised.

Designation of milk supplied.	No. of schools.
Milk from Attested herds	17
Tuberculin Tested	63
Pasteurised	30
Undesignated	1
	<hr/>
	111
	<hr/>

No. of schools taking milk in bulk, 39.

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 71 samples taken 27 were unsatisfactory, due, in 13 of the cases, to the presence of bacillus coli; 12 cases failed to pass the Methylene Blue and B. Coli Tests and 2 cases failed to pass the Methylene Blue Test; in 5 cases the test was void.

Infestation (Uncleanliness)

During the past year 27,362 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 120 compared with 177 during the previous year.

The following Table shows the incidence of infestation during the past 10 years:—

Year.	No. of examinations for uncleanliness.	No. of children found unclean.	Per cent. of children found unclean.
1945 ...	29,210	708	8.4 %
1946 ...	24,680	629	7.5 %
1947 ...	23,390	536	6.3 %
1948 ...	13,436	595	6.7 %
1949 ...	24,797	468	5.2 %
1950 ...	15,679	228	3.5 %
1951 ...	22,254	168	2.2 %
1952 ...	25,817	210	2.6 %
1953 ...	26,673	177	1.8 %
1954 ...	27,362	120	1.5 %

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers at the end of the respective years.

It is pleasing to note that the steady fall in the percentage of children found to be infested, which was arrested in 1952, is continuing.

Nose and Throat Conditions

The enlargement of tonsils and adenoids were second in the list of defects found at school medical inspection to require treatment, and it is interesting to note that although 39 pupils were referred for treatment for this class of defect as a result of periodic medical inspection, evidence is available to show that no less than 168 children received operative treatment for this condition during the year. This no doubt reflects, to some extent, the reduction which has taken place recently in the long waiting list for tonsil and adenoid operations, and also the fact that patients are now usually referred to hospital only after repeated observation at school medical inspection.

Children with special defects or abnormalities are referred to the hospitals at Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhoea, increasing deafness, infected sinuses. The following list illustrates the type of case referred :—

Condition.	No. of children referred.
Otorrhoea	1
Defective hearing	9
Frequent colds and sinusitis and catarrh	2
Enlarged tonsils and adenoids with other symptoms	2
Nasal or ear discharge	4

Speech Therapy

A Part-time Speech Therapist, appointed for two sessions per week, continued duty until September, when it was found possible to make a full-time appointment of a qualified person.

Number of children who have attended for Speech

Therapy	24
Number of attendances made	1,489
Number of sessions held	147

Child Guidance Clinic

By agreement with the Manchester Regional Hospital Board the services of the Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist, and Dr. R. C. Cunningham has continued to undertake this work. The clinic is now held weekly at the Stramongate School Clinic.

Number of clinics held during 1954	...	...	22
Number of attendances	...	...	63
Number of cases	...	...	24

Minor Ailments

In Kendal the Stramongate School Clinic has been held daily throughout the term for the treatment of children suffering from minor ailments. The commoner ailments have been multiple septic sores, minor injuries, impetigo contagiosa, other skin diseases, and minor eye defects. In addition to the treatment of minor defects, mothers have frequently sought the advice of the Clinic Doctor on points of health and general hygiene.

Skin Diseases

As will be seen from Table IV on page 15, the incidence of skin diseases is no longer a serious problem amongst the school-children in the County; the high incidence of scabies prevalent in war-time is now a thing of the past, and the diagnostic facilities of the Mycological Department of the London School of Hygiene and Tropical Medicine, together with the installation of a Woods' Light at the School Clinic, has enabled the spread of ringworm infection to be controlled.

School Clinics.

The Ministry has requested that this Report should give the location and details of the sessions held at the School Clinics recorded in Part III of Table VII on page 22, and the relevant information is given below:—

Location.	Types of Clinics.		Frequency of Sessions.
Stramongate Clinic, Kendal	...	Minor ailments ... Dental treatment ... Ophthalmic examin- ation ... Speech Therapy ... Child Guidance ...	Daily Daily Fortnightly Alternate days Weekly
U.D.C. Offices, Ambleside	...	Dental	As required
Old First Aid Post, Appleby	...	Dental	As required
School Clinic,* Penrith	...	Dental	As required

* This clinic belongs to the Cumberland County Council, from whom the Westmorland L.E.A. rent it as required.

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases, thus relieving Nurse Williams, the Orthopaedic after-care sister, and enabling her to give more time to her tuberculosis health visiting duties.

Dr. Bucknell, the Medical Superintendent of the Ethel Hedley Hospital, continued to hold the orthopaedic clinics at Windermere, Kirkby Stephen and Penrith.

Dr. Bucknell's Clinics:—

Number of clinics held	...	...	...	18
Number of attendances	...	...	...	255
Number of new cases seen	...	...	...	31
Home Visits by Orthopaedic Nurse	...	...	...	245
Number of children admitted to Ethel Hedley Hospital...				13

Number of children known to be attending other Out-Patient Departments :—

Westmorland County Hospital ...	...	...	139
Cumberland Infirmary, Carlisle	...	...	41
Lancaster Royal Infirmary ...	...	...	8

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers or the Educational Adviser to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of new cases examined during the year was 42 and the Table below shows their classification under the headings given in the Handicapped Pupils Regulations, 1945 :—

Category.	No. of pupils ascertained and recommended for admission to Special School.				
Deaf	1
Delicate	1
Physically Handicapped	1
Educationally Sub-normal	8
Epileptic	1

In addition 6 children were found to be ineducable and recommended for action under Section 57 (3) Education Act, 1944. 24 children were found on examination not to require education in a special school.

The object of these examinations is to place the handicapped child in a school or class where he will receive special education calculated to make the best use of his limited capabilities, or to remove from school these children whose mental condition is such that they cannot benefit from any form of education, but whilst the numbers shown above represent the limit of these cases which can be dealt with by the present staff, they in no way represent the extent of the problem. The position with regard to the placing of pupils in special boarding-schools is far from satisfactory, and many more such schools will require to be built before the problem is solved.

Diphtheria Immunisation

Immunisation against diphtheria, previously the responsibility of the County Council and District Councils concurrently, is now the responsibility of the County Council alone. The treatment is given either by the County Council medical staff or the general practitioners, at the choice of the parents, at or before the first birthday, whilst all parents are urged to consent to their children receiving a reinforcing dose at five years old.

The success of these schemes may be judged from the fact that there were no cases of diphtheria notified among residents of the County for the seventh consecutive year, compared with 62 notifications and six deaths in 1942, for example. Details of children immunised during the year are given below :—

Primary Immunisation :—

Children under 1 year of age	...	...	...	350
„ aged 1 year	...	...	...	321
„ „ 2 years	...	...	...	29
„ „ 3 years	...	...	...	11
„ „ 4 years	...	...	...	19
„ „ 5-9 years	...	...	...	58
„ „ 10-14 years	...	...	...	5
Total				793

Reinforcing doses :—

Children aged 4 years	...	...	...	64
„ „ 5-9 years	...	...	...	512
„ „ 10-14 years	...	...	...	1
Total				577

Grand Total ... 1370

Ultra-Violet Ray Clinics

There are two Ultra-Violet Ray Clinics within the County—one at Kendal and one at Windermere. The following number of school-children were treated :—

Clinic.	No. of children.	No. of attendances.
Kendal ...	36	277
Windermere	47	415

Treatment of Defective Vision

All school-children found to be suffering from refractive errors were referred to local opticians and, since the inception on 5th July, 1948, of the National Health Service Act, spectacles were supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continues to hold a session as required at the Stramongate School Clinic.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Number referred to Opticians	...	...	160
Number referred to Consultant Eye Specialists	...	...	148

Although 308 children were referred for examination, definite information is available that 467 cases did in fact consult either an optician or ophthalmologist. The difference is clearly due to patients seeking re-examination although they have not been referred by the Medical Inspectors.

THE EDUCATION AREA

County of Westmorland :—

Area	...	...	...	504,917 acres.
Population (estimated mid-1954)	...	...	...	66,900
Estimated Product of 1d. Rate, 1954-55	...	...	...	£1,906
Number of Schools—Primary	...	...	...	99
Secondary	...	...	...	12
Number of Pupils (31-1-54)—Primary	...	...	...	6,992
Secondary	...	...	...	2,554

TREATMENT OF TUBERCULOUS CONDITIONS IN SCHOOL-CHILDREN

Number of children who received in-patient treatment at the following Hospitals :—

Westmorland Sanatorium, Meathop	...	...	1
Wrightington Hospital	...	...	1
Beaumont Hospital, Lancaster	...	...	1

Now that non-pulmonary tuberculous conditions are dealt with by general surgeons and physicians and do not always come to the knowledge of the Tuberculosis Officer (Chest-Physician), our knowledge of this type of case is by no means as complete as it was pre-1948. From the aspect of preventive medicine this state of affairs must be regarded as a serious defect in the National Health Service.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1954.

Ladies and Gentlemen,

I have the honour to submit the Annual Report on dental inspection and treatment of Primary and Secondary school-children in the County of Westmorland. The total figures will be found in Table V on page 18.

Mr. A. L. Hutton, B.D.S., resigned at the end of February, and the vacant post was not filled until 1st September, when Mr. Allan Parkin, B.D.S., was appointed. On the resignation of Miss Margaret Dixon in September, Miss Margaret Barlow was appointed as Dental Attendant with the Mobile Dental Surgery.

As in several past years we have been working therefore with a reduced dental staff, the areas undertaken by the Mobile Surgery having suffered worst in this respect. It has been necessary on several occasions during the year for Dr. Carter and I to devote some of our time to operating with the van in country areas. This has, of course, upset the routine work at the fixed clinics, but I am glad to say that, on the whole, the areas served by fixed clinics are practically up to date. It is now several years since the schools in outlying districts have been visited regularly and it is to be hoped a more permanent staff can be secured in order that these areas may be brought up to date.

During the year, the increase in the incidence of dental decay has again been noted, and it is evident that, with the ending of sweet rationing and the return of white bread, the increase will continue to grow. While every opportunity is taken to give instruction and advice to children and parents about dental hygiene and the unrestricted consumption of sweet sticky foods and the indulgence in sweets between meals, there is still a general apathy on the part of the public. The lack of knowledge on proper tooth brushing is still abysmal. Only a very small percentage of patients carry out effectively the instructions given and in most cases any early enthusiasm wanes. Again, too many children abhor masticatory effort which is, in itself, an effective aid to oral hygiene and there is a great need for the eating of natural raw fresh food and the reduction of carbohydrates to an acceptable minimum in the diet.

In the course of routine inspection and treatment 6,434 children were inspected, 4,069 found to be in need of treatment, and 2,876 treated during the year. There is still a large number of children

who do not accept school treatment on the ground that they attend private dental practitioners. That this is simply an excuse for having no treatment of any kind is amply borne out by the records kept. It is a common occurrence to find that these children have the same carious teeth present after several years. Personal letters to parents, drawing their attention to the condition of their children's mouths have been sent, but in many cases the advice is completely ignored.

2,901 fillings were inserted in permanent and temporary teeth and extractions totalled 2,864. General anaesthetics were administered on 411 occasions. Scalings numbered 134 and one gingivectomy was performed. Dressings and temporary fillings numbered 548, and applications of silver nitrate were made to 967 temporary teeth. 23 dentures were supplied.

In the course of orthodontic treatment 369 visits were made to the Clinics, 55 new appliances were provided and 28 cases were completed. These covered a wide range of irregularities from the movement of single teeth to complete alterations of occlusion. While there are still failures and disappointments in this type of treatment there is on the whole a much greater appreciation of its value by parents, and we get many requests for orthodontic treatment to be undertaken. Unfortunately these requests sometimes come from parents who decide, too late, that they wish their children to have their irregularities corrected and some such cases are impossible to treat. Others could only be treated by specialists and these are in short supply. Hospitals have long waiting lists and in some instances are only willing to undertake cases which have a good prognosis.

In conclusion, I wish to thank all members of the dental staff for their co-operation and conscientious service during the year. Once again I desire to acknowledge my indebtedness to all head teachers for their co-operation in the conduct of the school dental service. May I also, at the end of 25 years as your servant, express my sincere thanks for the trust which has been reposed in me, for the sympathetic consideration and the great interest shown by the Committee in the work of the School Dental Service.

I have the honour to be,

Your obedient Servant,

J. IRVINE,

Principal School Dental Officer.

STATISTICAL TABLES.

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	922
Second Age Group	...	...	...	...	979
Third Age Group	...	...	...	...	649
Total					2,550

Number of other Periodic Inspections	...	...	...	219
Grand Total				2,769

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	242
Number of Re-Inspections	...	...	...	3,968
Total				4,210

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	9	43	52
Second Age Group	66	49	112
Third Age Group	22	10	31
Total (prescribed groups)	97	102	195
Other Periodic Inspections	5	7	11
Grand Total	102	109	206

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1954.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
4	Skin ...	14	46	11	7
5	Eyes—				
	a. Vision ...	102	85	53	31
	b. Squint ...	8	16	3	—
	c. Other ...	—	18	—	—
6	Ears—				
	a. Hearing ...	5	24	5	13
	b. Otitis Media ...	2	29	1	3
	c. Other ...	1	3	—	—
7	Nose or Throat ...	33	243	6	39
8	Speech ...	2	15	4	7
9	Cervical Glands ...	—	56	—	13
10	Heart and Circulation ...	4	48	1	6
11	Lungs ...	10	94	5	9
12	Developmental—				
	a. Hernia ...	2	5	—	1
	b. Other ...	2	29	—	—
13	Orthopaedic—				
	a. Posture ...	3	32	—	1
	b. Flat foot ...	4	125	2	5
	c. Other ...	23	177	5	9
14	Nervous system—				
	a. Epilepsy ...	1	4	—	—
	b. Other ...	—	11	—	—
15	Psychological—				
	a. Development ...	—	12	—	—
	b. Stability ...	1	23	1	1
16	Other ...	4	56	6	16

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS.**

Age Groups (1)	Number of Pupils Inspected (2)	A (good) No. % of col. 2 (3)	B (fair) No. % of col. 2 (4)	C (poor) No. % of col. 2 (5)
Entrants	922	656 70.2	261 28.3	5 0.5
2nd Age Group	979	692 70.7	285 29.1	2 0.2
3rd Age Group	649	474 73.0	175 27.0	— —
Other periodic inspections	219	149 68.1	68 31.0	2 0.9
Total ..	2769	1971 71.2	789 28.5	9 0.3

**TABLE III
INFESTATION WITH VERMIN.**

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	27,362
(ii)	Total number of individual pupils found to be infested		120
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	... ... ...	8
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	... ... ...	2

TABLE IV

**GROUP 1.—DISEASES OF THE SKIN (excluding Uncleanliness,
for which see Table III).**

Number of cases treated or under
treatment during the year
(a) By the Authority. (b) Otherwise.

Ringworm—(a) Scalp	...	—	—
(b) Body	...	7	—
Scabies ...	...	4	—
Impetigo ...	...	15	—
Other skin diseases	...	19	—
		—	—
	Total	45	—
		—	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				Number of cases dealt with.	
				(a) By the Authority.	(b) Otherwise.
External and other, excluding errors of refraction and squint ...				16	1
Errors of refraction (including squint) ...				400	50
				<hr/>	<hr/>
Total ...				416	51
				<hr/>	<hr/>
Number of pupils for whom spectacles were					
(a) Prescribed ...				247	12
(b) Obtained ...				231	12

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

				Number of cases treated.	
				(a) By the Authority.	(b) Otherwise.
Received operative treatment					
(a) for diseases of the ear ...				—	5
(b) for adenoids and chronic tonsillitis ...				—	168
(c) for other nose and throat conditions ...				—	7
Received other forms of treatment ...				7	36
				<hr/>	<hr/>
Total ...				7	216
				<hr/>	<hr/>

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a)	Number treated as in-patients in hospitals or hospital schools ...				24
(b)	Number treated otherwise, e.g., in clinics or out-patient departments ...				443

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics:—

(a) In the Authority Clinics	...	...	...	24
(b) Elsewhere	...	...	...	—

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapy:—

(a) By the Authority	...	...	...	81
(b) Otherwise	...	...	...	—

GROUP 7.—OTHER TREATMENT GIVEN.

Number of cases treated.

(a) By the Authority. (b) Otherwise.

Miscellaneous Minor Ailments	...	158	—
Other Conditions	...	—	101

NOTE.—It should be observed throughout Table IV above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.

TABLE V

DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were inspected by the Authority's Dental Officers:—

(a)	Periodic	...	...	...	...	6,293
(b)	Specials	...	...	...	...	141
<hr/>						
(c)	Total (Periodic and Specials)	...	...	...	...	6,434
<hr/>						
(2)	Number found to require treatment				...	4,069
(3)	Number referred for treatment				...	4,032
(4)	Number actually treated				...	2,896
(5)	Attendances made by pupils for treatment...				...	4,775
(6)	Half-days devoted to	{ Inspection ... 82 Treatment ... 876 }			Total	958
(7)	Fillings	{ Permanent Teeth ... 2,280 Temporary Teeth ... 621 }			Total	2,901
(8)	Number of teeth filled	{ Permanent Teeth ... 1,840 Temporary Teeth ... 570 }			Total	2,410
(9)	Extractions	{ Permanent Teeth ... 708 Temporary Teeth ... 2,156 }			Total	2,864
(10)	Administration of general anaesthetics for extractions					411
(11)	Other operations	{ Permanent teeth ... 1,074 Temporary teeth ... 967 }			Total	2,041

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

		(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Education- ally sub- normal (8) Mal- adjusted	(9) Epi- leptic	Total 1 — 9 (10)
In the Calendar Year:—							
A. Handicapped Pupils newly placed in Special Schools or Homes ...		— 1	—	—	5	—	7
B. Handicapped Pupils newly ascer- tained as requiring education at Special Schools or Boarding in Homes ...		—	1	1	8	—	12

Number of children reported during the Calendar year under Section 57 (3), 6 and under Section 57 (5) of the Education Act, 1944, Nil.

TABLE VI—(Continued)

(1) (2)	(1) Blind (2) Partially sighted	(3) (4)	(3) Deaf (4) Partially deaf	(5) (6)	(5) Delicate (6) Physically Handicapped	(7) (8)	(7) Education- ally sub- normal (8) Mal- adjusted	(9) (9)	Total 1—9 (10)
—	—	—	—	—	—	—	—	—	—
2	1	2	3	—	2	8	—	1	19
—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	1	—	—	2
—	—	—	—	—	—	—	—	—	—
2	1	2	3	1	2	9	—	1	21
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	—	—	1
—	—	—	—	—	—	—	—	—	—
1	—	1	—	2	4	24	—	1	33

On or about 31st December :—

C. Number of Handicapped Pupils from the area—

(i) attending Special Schools	...
as Day Pupils ..	...
Boarding Pupils	...

(ii)	Boarded in Homes	...
	Attending Independent	...
	Schools (under arrange-	...
	ments made by the	...
	Authority	...

D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—

(b) Elsewhere
(a) In hospitals

(a) In hospitals

E. Number of Handicapped Pupils from the area requiring places in Special Schools or Homes but remaining unplaced ...

TABLE VII.

I.—STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Child Guidance).

Principal School Medical Officer ... JOHN ALLAN GUY
 Principal School Dental Officer ... JOHN IRVINE

				Number	Aggregate staff in terms of the equi- valent number of whole-time officers
Medical Officers	...	...	2	...	0.9
General Practitioners	working	part-			
time	...	...	5	...	0.2
Dental Officers	...	...	3	...	2.9
Speech Therapists	...	...	1	...	1.0
School Nurses	...	...	40	...	2.75
No. of above holding H.V. Cert.	...	...	15	...	—
Nursing Assistants	...	...	—	...	—
Dental Attendants	...	...	3	...	2.9
Dental Anaesthetist (part-time)	...	...	1	...	—

II.—NUMBER OF SCHOOL CLINICS (i.e., **premises** at which clinics are held for schoolchildren) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics ... 3 + 1 Dental Van

III.—TYPE OF EXAMINATION AND/OR TREATMENT provided, at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment.	Number of School Clinics (i.e., premises) where such treatment is provided— directly by the Authority. under arrangements made with Regional Hospital Boards of Boards of Governors of Teaching Hospitals.		
(1)	(2)	(3)	
A. Minor ailment and other non-specialist examina- tion or treatment ...	1	...	—
B. Dental ...	4	...	—
C. Ophthalmic* ...	1	...	—
D. Ear, Nose and Throat ...	—	...	—
E. Orthopædic ...	—	...	3
F. Pædiatric† ...	—	...	—
G. Speech Therapy ...	1	...	—
H. Others (specify) ...	—	...	—

*Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

†Clinics for children referred to a specialist in children's diseases.

IV.—CHILD GUIDANCE CLINICS.

Number of Child Guidance Centres provided by the Authority.

Staff of Centres—	(a) Number.		(b) Aggregate in terms of the equivalent num- ber of whole-time officers.
Psychiatrists	1	} One session weekly.
Educational Psychologists	1	
Psychiatric Social Workers	Nil.	Nil.
Others (specify)			
Mental Health Worker	1	One session weekly plus Home Visits.

The Psychiatrist is made available by the Manchester Regional Hospital Board.